

011604

04772 U.S.PTO

PTO/SB/05 (08-03)

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	021039-000210US
First Inventor	Levine, Robert Paul
Title	KLUYVEROMYCES STRAINS METABOLIZING CELLULOSIC AND HEMICELLULOSIC MATERIALS
Express Mail Label No.	EV 332107457 US

APPLICATION ELEMENTS	ADDRESS TO
See MPEP chapter 600 concerning design patent application contents.	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 30] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p style="text-align: right;">22581 U.S.PTO 10/759785</p>
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper number of pages</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
ACCOMPANYING APPLICATIONS PARTS	
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p>	

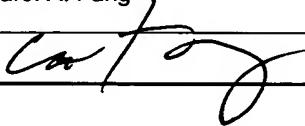
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____
Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number		20350		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City			State	Zip Code	
Country			Telephone	Fax	

Name (Print/Type)	Carol A. Fang		Registration No. (Attorney/Agent)	48,631
Signature			Date	January 16, 2004

60120859 v1

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 647

Complete if Known	
Application Number	Not Assigned
Filing Date	January 16, 2004
First Named Inventor	Levine, Robert Paul
Examiner Name	Not Assigned
Art Unit	Not Assigned
Attorney Docket No.	021039-000210US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	385
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$385)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	30	-20** =	10 X\$9	\$90
Independent Claims	7	-3** =	4 X\$43	\$172
Multiple Dependent			X	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

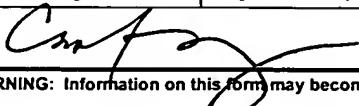
(\$262)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051 65 Surcharge - late filing fee or oath	
		1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
		1053	130	1053 130 Non-English specification	
		1812	2,520	1812 2,520 For filing a request for reexamination	
		1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
		1251	110	2251 55 Extension for reply within first month	
		1252	420	2252 210 Extension for reply within second month	
		1253	950	2253 475 Extension for reply within third month	
		1254	1,480	2254 740 Extension for reply within fourth month	
		1255	2,010	2255 1,005 Extension for reply within fifth month	
		1401	330	2401 165 Notice of Appeal	
		1402	330	2402 165 Filing a brief in support of an appeal	
		1403	290	2403 145 Request for oral hearing	
		1451	1,510	1451 1,510 Petition to institute a public use proceeding	
		1452	110	2452 55 Petition to revive – unavoidable	
		1453	1,330	2453 665 Petition to revive – unintentional	
		1501	1,330	2501 665 Utility issue fee (or reissue)	
		1502	480	2502 240 Design issue fee	
		1503	640	2503 320 Plant issue fee	
		1460	130	1460 130 Petitions to the Commissioner	
		1807	50	1807 50 Petitions related to provisional applications	
		1806	180	1806 180 Submission of Information Disclosure Stmt	
		8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
		1809	770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	770	2801 385 Request for Continued Examination (RCE)	
		1802	900	1802 900 Request for expedited examination of a design application	
		Other fee (specify) _____			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)			
		(\$)			

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Carol A. Fang	Registration No. (Attorney/Agent)	48,631	Telephone	415-576-0200
Signature				Date	January 16, 2004

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